N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS WRITE PLAINLY, WITH UNFADING INK -- THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

E e e e e e e e e e e e e e e e e e e e	PLACE OF DEATH  11830  Inty Vince Leorge  Orange	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 24/
Vill	2 FULL NAME Clarence	St.; Ward)  a hospital or institution, give its MAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 3 8 M	ale 4 colomor race 5 single, MARRIED widowed or olyonced (Write the word)	Month (Day) (Year)  17 () I HEREBY CERTIFY, That I attended deceased from
certifi	Mch. 16, 19,5	that   last saw hem alloo on " 13, 191 5,
back of	yrs. 4 mes. 3 ds. or miq.?	and that death occurred on the date stated above, at
3500	a) Trade, profession, or articular kind of work  b) General nature of ledustry usiness, or establishment in	cause of death as he was well when I saw him
E 2   W	which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary
S S	10 NAME OF PATHER Clarence allens	(Signed) (ulates P. J. J. ), M. 0, M. 0, (Address) 913 - S St. M. J.
P DEATH important	OF FATHER (State or country) Md.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL,
		SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
N IS VE	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEGGE	OR RECENT RESIDENTS) At placs in the state, yes, mass, ds. Where we disease contracted, if not at place of death?
Should state OCCUPATIO	(taterment) Julia R. Kall, m.10	Fermer or piece of deeter.  Fermer or  supplications.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL.
	(Address) 7/3 - S- St. n. W. Red 7/20 th, 1915 J. W. Mc/Ceourn	Ogen Hill M. E. Cow. 7/23/61 5
	If more blanks are needed, address State Registrar,	Thos. F. Murray Unacostia 18 W. Saratoga St., Balto, Reguesting V.S. to. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekespers mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, For many occupations a single word or term on the precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever, The material worked on may form part If retired from

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemie cerebrotime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to unqualified, is indefinite); Tuberculosis of lunos, menin NOV 8 1915 Typhoid fever (never report "Typhoid pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,") Statement of Cause of Death-Name, first, the DISEASE for the same disease. Examples: Cerebrospinal

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mcasles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," (name origin; "Cancer" is less definite; avoid use of and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; to determine definitely. Examples: Accidental drowning: or miscarriage as "Puenpenal septichaemia," "Senile," etc.), Poisoned by carbolic acid—probably Never report mere "Atrophy," "Col-("Con-

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

BUREAU, V.S.

physician

tendu

BUREAU, V.S. AUG 3 1915

[Approved by U. S. ('ensus and American Public Health Association.]

-- Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Collon state occupation at beginning of illness. If retired from taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business, that fact may be indicated thus: Farmer (relired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be "Foreman," "Manager," "Dealer," etc., is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS birth or misearriage as "Puerpenal septichuemia," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning: "Puerperal perilonitis," etc. cte., when a definite disease can be ascertained as the genital," "Senilc," etc.), chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measks (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of..... by railway train-accident; Revolver "Dropsy," "Exhaustion," State cause for which (Recommendations wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG, 5 1915
BUREAU, V.S.

PLACE OF DEAT	TH CONTRACTOR			STATE OF MA	ARYLAND
County France	Dearge	/	(n)	CERTIFICATE	- 1 0
	. 1 . 1		67	Registration I	Dist. No. 239
Village or City Muss	Thelmor	v. Arm	rentron	st.; Ward)	[if death occurred in a hospital or institution give its NAME Instead of street and number.]
PERSONAL AND	D STATISTICAL PARTI	CULARS	M	EDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR	OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORC (Write the wo	ED ord)	16 DATE OF DEA	(Month	(
6 DATE OF BIRTH	(Month) (D	1914 ay) (Year)	that I last saw	1915 . 10 /11	ttended decembed from 1916
TAGE		If LESS than 1 day, hrs.		occurred on the date :	stated above, at 13.13
8 OCCUPATION (a) Trade, profession, or particular kind of work	:-	ds. OR min.?	The cause of	DEATH * WAS as folion	al paralysis
(h) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)			Contributor	(Quration)	Days mo B
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	Mod ght H. Arm Virginia	entrout	(State the CAUSES, state SUICIDAL OF HO	191. (Address) DINEABE CAUBINO DEATH, c (1) MEANS OF INJURY; and	y Manual
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	Jorginia	uley-	OR RECENT RES At place of deathyra.	da. Sta	
(Informant)	He Armenter	aut :	Where wes disease co if net at pieca of das Former or asual residence	th ?	2
(Address) Meser	iskirks.	meli	- Man	RIAL OR REMOVAL	July 184 1015
Filed July 17 1, 191	Nm, W. Faire	REGISTRAR	20 UNDERTAKER	In Planie	Laur bra
	nore blanks are needed, addr		1111100	VIII YUM	mun my

11832

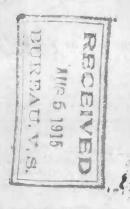
1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oecupathe second statement. For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Locomotive engineer, But in many cases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or misearriage as "Toenpenal septichurmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, ctc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping gcs, peritonacum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of by railway train-accident; Revolver wound of The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere (Recommendations "Exhaustion,"



V. S. No. 1.

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A N.B.

	PLACE OF DEATH 11833	STATE OF MARYLAND
Co	unty Prince Geo ge	CERTIFICATE OF DEATH
	0 1. 10.00	Registration Dist, No. 247
Vill	lage or City Coaful No. No.	St.; Ward)  [If death occurred in a hospital or Institution, give its NAME instead
	2 FULL NAME Juscy /2 M	Of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
381	Gold Widows, Widow	16 DATE OF DEATH July 14, 1915
6 D	ATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from Market 6, 1915, to July 1915.
	(Month) (Day (Year)	that I last saw halive on 1915.
Als	GE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at
(a)	CCUPATION Trade, profession, or Ticular kind of work	A freum atis (articla)
(b) bus	General nature of Industry, Iness, or establishment in the employed (or employer)	2 Puroly (Duration) yrs. / mos. ds.
9 B1	RTHPLACE (State or country)	Contributory Secondary (American)
	10 NAME OF Just Careford	(Signed) Millia Wyrs mos ds.
ARENTS	OF FATHER (State for country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
PAR	12 MAIDEN NAME OF MOTHER Unke your	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos, ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(	(Informant) 3 mg 3 mg 13	Former or usual residence
-	(Address) Qot Clare Him	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	ed July 16', 191 & John E. Weas Soud	20 UNDERTAKER ADDRESS / M. S.
	A Maria Maria	Jam 1. sreway 48-401. De

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiulte salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be judi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has

Statement of cause of death—Name, first, the disease eausing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal nueningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," nuqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

JENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shoek," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory Measles (disease eausing death), 29 ds.; "Seuile," etc.), "Dropsy," (Recommendations on statement of (seeondary or intercurrent) "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG . 5 1915
BUREAU.V.S.

AINLY WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

0 5		PLACE OF DEATH	STATE OF MARYLAND
	Count	on Priseo.	CERTIFICATE OF DEATH
SICIAN	Count		Registration Dist. No. 239
PHYS		Laurel	[If death occurred in
O	Villag	ge or City (No,	St.; Ward) a hospital of institution, give its NAME instead
Exa.	1	Wall 5 Edgar	of street and number.
ACT ed.	Ē	<sup>2</sup> FULL NAME WALE TO THE AND THE PROPERTY OF	X
ited EXAC		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ated rolas	3 SE)	4 COLOR OR RACE   5 SINGLE, MARRIEO, WIOOWED	16 DATE OF DEATH July 31, 1915
e kat	110	Me. Mule OR DIVDRCED (Write the word)	(Month) (Day) (Year)  17   HEREBY CERTIFY, Than 1 attended deceased from
be	6 OA-	TE OF BIRTH	Auy 131, 1915 while 314 1915
hould be sta be properly certificate.	100	8 Oct 1,1914	that I last saw h (M. alive on Drivery 31 , 1915
sho f ce	7 AGI	(Month) (Day) (Year)	and that death occurred on the date stated above, at .104 m.
AGE sh tirmay b		1 day, hrs.	The CAMSE OF DEATH * was as follows
Parit	1 100	yrs. 9 mos. Ods. OR min.?	Euler Celleri
that on	(8)	Trade, profession, or	
supplied.	4	ticular kind of work  General nature of industry	4
fully su terms, structi	bus	lness, or establishment in the contract of the employed (or employer)	(Ouration) yrs. mos. ds
n terms, instructi	-	RTHPLACE //	Contributory // Contributory
e caret plain 1 See in		(State or country) Laurel Md	(Ouration) yra. mos. 6 ds
n pl		10 NAME OF PATHER MILE TO	(signed) A. M. Quraly M. O
THE	S	1 Made Salvestown	My 31 191 (Address) Jacob! Mr.
on shour	RENT	OFFATHER (State or country) News Lamel Md. (	Company of the state of the sta
u du	RE	12 MAIDEN NAME OF MOTHER	State the Direase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
K Om	PA	: Darah derseer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)  OR RECENT RESIDENTS)
form USE is ve		of MOTHER (State or country) Won Larmy Colld	At place in the of death yrs. mos. ds. Stete, yrs. mos. ds.
	14 TI	HE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, if not at piece of death?
n of rior		(Informant) Darah Brown	Former or
item of in state CA PATION		(morman)	19 PLACE OF BURIALSOR REMDVAL DATE OF BURIAL
. 07		(Address) Andledda	Jan Joll: and So 1946
Every	15	aun 1st - Ollar a Friend	20 UNDERTAKER APPRESS
m.	File	ed 1910 REGISTRAR	Lea & Thuch Spend Mis
z .		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.
	II		

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. Never return "Laborer," "Forenan," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, cian, Compasitor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to cach and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the Stationary fireman, etc. Women at home, who are engaged in But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin

1915-7-30

cause. Always quanty an unwance accommon birth or miscarriage as "Publipheral septichaemio," "Publipheral peritonitis," etc. State cause for which on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths on Nomenclature of the American Medical Association. under the head of "Contributory." (Recommendations head-hamicide; Paisaned by carbolic acid-probably Struck by roilway train-accident; Revolver wound of etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report merc rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Weakness," "Coma," (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercur-("Con-



### OCCUPATION RECORD PERMANENT classifled. properly pe UNFADING Jo WITH back 00 ATH in plain instructions Information Jo Hem OF mportant. Every Its

1 PLAGE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 .....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5-CINOLE. DATE OF DEATH marke MARRIED. WIDOWED. Month) ORDIVORCED (Write the word) CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) Estate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death State \_\_\_\_\_ Yrs. \_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO EST OF If not at place of death? Former or usual residence... 19 PLACE OF BURIAL OF REMOVAL 15

DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

Ilf death occurred la

(Year)

a hospital or institution. give its NAME instead ot street and number.]

(Day



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobite factory. The (a) Spinner, (b) Cotton mitt; (a) Satesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caueause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puenrenal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditious, such as "Asaffectiou need not be stated unless important. valvutar heart disease; Chronic interstitiat nephritis, Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbotic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

state Very

PHYSICIANS should of OCCUPATION is

that it may be properly classified.

DEATH in plain terms, so that it m See instructions on back of certificate.

-Every item of information should be CAUSE OF DEATH in piain terms, s.

N.B.

Important.

ACE should be

carefully supplied.

A PERMANENT stated EXACTLY.

### PLACE OF DEATH S 11836



### STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist, No. 233
Village or City Crarm (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
2FULL NAME (hew)	Still birth of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeune Color or RAGE Single, MARRIED, WIDDWED, ORDIVORCED Jungle (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
Month) (Day Tear)	17 I HEREBY CERTIFY, That I attended deceased from
TAGE  Soccupation  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 2 a m, The CAUSE OF DEATH was as follows:
(a) Trade, protession, or particular kind of work  (b) General nature of industry, business, or establishmeof in which employed (or employer)	(Ouration) yrs mos ds.
(State or country)  10 NAME OF FATHER WITH Chew	Secondary  (Dyration) yrs mos ds.  (Signed) A A A A A A A A A A A A A A A A A A A
THE STATE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
Filed July 28, 1915 Ernest H. Garne	19 PLACE OF BURIAL OR REMOVAL  LINONA COM NO MALLA DO, 191 V  20 UNDERTAKER  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's minc, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemuid, etc. If the occupation has essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," ctc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing death), 29 ds.; For VIO-



No. 20

PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classified. pe P properly u AG supplied. pe UNFADING may certificate. carefully that 20 0 terms. hould UO plain Instructions Information = of Inford WRITE See Every item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 2/2 Registration Dist. No ... If death occurred in ....Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Mooth) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from Day (Year) TAGE it LESS than 1 day, .....hrs. ...min. ? BOCCUPATION (a) Trade, profession, or none particular kind of work. (b) General nature of industry, business, or establishment in mas 2 6 ds which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACÉ \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place ... in the OF MOTHER (State or country of death ..... yrs. ..... ds. State .... Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrat. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

Judge Geart

ample: Meastes (disease causing death), 29 ds.; ralvular heart disease; Chronic interstitial nephritis, ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Iverperal septiehaeetc., when a definite discase can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Harase," "Haemorrhage," "Inanition," "Marase genital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails. The contributory (Recommendations on statement of (secondary or intercurrent) For VIO-



B. No.

### OCCUPATION IS VERY PHYSICIANS should state RECORD ō Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe IS pinous INK-THIS AGE carefully supplied. may be UNFADING that It 0 0 WITH DEATH in plain terms, of information should PLAINLY, WRITE CAUSE OF Important.

certificate.

See instructions on back

ARENT

15

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 BINGLE, 3 SEX MARRIED, WIDOWED ORDIVORCED (Write the word) 8 DATE OF BIRTH (Month) 7 AGE BOCCUPATION (a) Frade, profession, or particular kind of work.

which employed (or employer) -----

(b) General nature of industry,

business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

OF MOTHER (State or country

(Day)

If LESS than

1 day, .... hrs.

OR ..... min. ?

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

If death occurred in

Stice 13	Bone)	give its	l or Institution NAME lostead and number.]
MEDIGA	L CERTIFICATE OF	DEATH	
16 DATE OF DEATH	•	V	101
***************************************	(Month)	(Day)	(Yesr)
17 I HEREE	BY CERTIFY, That I	attended dec	eased from
<b>.</b>	191, to	**************************************	, 191,
that I last saw h	alive on		191
and that death occurred			•
The CAUSE OF DEATH			•
Contributory (Secondary)	(Ouration)		osds.
	(Duration)	yrson	osds.
(Signed)	12 Con	to be	of Lyen
fells 7 1915	(Address) Hque	-	95 X
	TAUSING DEATH OF IN	donthe duom	VIOLENT ACCIDEN-
18 LENGTH OF RESIDEN OR RECENT RESIDENTS) At place of death	ds. State	yrs, m	
Former or usual residence			
19 PLACE OF BURIAL O	PREMOVAL	DATE OF THE	
Of thilips	Cenceling &	My 74	E., 1965
20 UNDERTAKER	/ /	ADDRESS	

If more hianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," "Exhaustion," \_\_ (name origin; "Can-State cause for Examples: For VIO-



Villag	e or City Browns (No. ~, ) 2 FULL NAME Mildred &		[if death occurred in a hospital or institution, give its NAME instead of street and number,]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3 SEX Fu	4 COLOR OR RACE 6 SINGLE, 7 MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month)  17 I HEREBY CERTIFY, That I attended	25, 1916 (Day) (Year)
7 AGE	(Month) 4 2 3, 1 4 6  (Month) (Day) 3, 1 4 6  (Year) If LESS than 1 day, hrs. OR —min.?		, 191
part (b) busl whice	CUPATION Trade, profession, or Icular kind of work  General nature of industry ness, or establishment in the employed (or employer)  RTHPLACE (State or country)	Contributory  Contributory  Contributory	whose
RENTS	10 NAME OF FATHER MINIMUM  11 BIRTHPLACE OF FATHER (State or country) MINIMUM  12 MAIDEN NAME	(Signed) (Suration) (Signed) (Suration) (Signed) (Addrass) (Addrass) (State the Disease Causing Disath, or, in de Causes, state (1) Means of Injury; and (2) will Sulcipal or Homicipal.	mos. , Mi.
14 TH	13 BIRTHPLACE OF MOTHER (State or country) Pr Hew lev. Whd.  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informani) Saway & Saway	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OR RECENT RESIDENTS) At place In the confident of death	TUTIONS, TRANSIENT
15 File	(Address) Browns Station	Fourtille	DRESS

STATE OF MARYLAND

11839

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Coak taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Labarer mill; (a) Salesmon, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part statement. Never return "Laborer," At home. Care should be (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deatus "PUERPERAL perilonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) head-homicide; Poisoned Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puenpenal septichuemia, "Heart failure," "Haemourhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstilial cause. ctc., when a definite disease can be ascertained as the rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of . . . . . Always qualify all diseases resulting from child-The contributory (secondary or intercurby corbolic acid-probably "Dropsy," "Exhaustion.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 3 1915
BURFAULV.S.

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Piscalaway (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23  St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  8 DATE OF BIRTH  4 COLOR OR RACE MARRIED, Single Widowed, Single Widowed, Write the word)  (Month) (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 Des de Control of the lattended deceased from that I last saw has alive on 191
7 AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at //m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishmoof in which employed (or employer)  BIRTHPLACE (State or country)	(Duration) yrs mos A ds.  Contributory Secondary
10 NAME OF FATHER Chas, Britis  11 BIRTHPLACE OF FATHER (State or country) Inaugland  12 MAIDEN NAME OF MOTHER (1)	(Signed) Gdgcas D. Hearth, M. D.  State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Washandlin D. B.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas. Cuntis	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place In the of death yrs mos ds Where was disease confracted, If not at place of death? Former or usual residence.
(Address) accoked and  Filed July 13-, 1913 Edgar W. Hauth Jul  REGISTRAR  If more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL  Pomorby Ind July 13., 1813.  20 UNDERTAKER  Mm. Inahous Decoket had  trar, G. E. Franklin St., Balto., Requesting Y. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcine

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia." "Weakness," "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomenclais less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



PLACE OF DEATH  1184	STATE OF MARYLAND CERTIFICATE OF DEATH
J. —	Registration Dist. No. 2.3.5
Village or City Forestrille (No. , )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thurse 2 Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That wattended deceased from
6 DATE OF BIRTH	apr 1 st, 1915, to July 12t, 191.3
(Morth) (Day) (Year)	that I last saw h lt alive on June 28, 1910
7 AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or	abul Julesculo
particular kind of work.  (b) General nature of industry business, or establishment in which employed (or employer)	Supposed (Duration) yrs. 3 mos d.
9 BIRTHPLACE (State or country) Maryland.	Secondary wrs. mas. di
o 11 - 10 NAME OF Janas Richardson	Thuc Daughy
11 BIRTHPLACE OF FATBER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISFASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MELNS OF INJURY; and (2) whether ACCIDENTAL, STATISTAL OF HOMICIDAL.
The state of the s	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmoeds, State,yrsmosde
(Informant) Herbert Day	Where wes disease contracted,  If not at place of death?
(Address) Forestrelle, W.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed My , 1915 - Sound & Cary REGISTRAR	20 UNDERTAKER Tent limbtong Malborouphs
In more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm luborer, Laborer write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Locomotive engineer, Civil (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Tracmia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of..... to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Puerperal perilonitie," etc. cause. Always qualify all diseases resulting from child-"Heart failure," "H. emorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 de. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of MEANS OF INJURY and qualify as ACCIDENTAL, or miscarriage as "Puerperal septichaemia," railway train-accident; Revolver wound of The contributory (secondary or intercur-"Dropsy," State cause for which Never report mere "Exhaustion,"



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN V. S. No. 1.

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Cour	PLACE OF DEATH 11842	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 241
Villa	go or City Company (No. ,	St.; Ward)  [It death occorred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Valy Hall Stroken (Waste the word)	(Month) (Day) (Year)
6 DA	(Month) (Day) (Year)	that I last saw him alive on June 30 , 1915
8 00	yrs. mos. ds. or mlo.?	The CAUSE OF DEATH * was as follows:
bu wh	rilcular kind of work  ) General nature of todustry siness, or establishment in iich employed (or employer)  IRTHPLACE (State or country)	Contributory 52 1 Junion de Secondary
RENTS	10 NAME OF FATHER Saturh hoard  11 BIRTHPLACE OF FATHER (State or country) white with the country of the countr	(Signed)  Cause the Disease Causing Death, or, in deaths from Vident Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal.
PA	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  2 4	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At pleca ef death yra. mes. de. Stete, yrs. mee. de Whare was diease confracted.
14 TI	(Informant) Equalyon 6. A Carl	if not at place of death ?  Former or  ueuel residence
15 FII	led July 7, 191 J- THM Keown	19 PLACE OF BURIAL OR REMOVAL  Byllo byen 1. by booker and 3 de 1915  20 UNDERTAKER  Thomas F. Munear Anacoslia
		16 W. Saratoga St., Balto., Requesting V. S. No. 1.



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# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrumt, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. Never return "Laborer," many occupations a single word or term on the Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," meningualified, is indefinite); Tuberculosis of lungs, meningualified,

suicide. The nature of the injury, as fracture of skull, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), symptoms or terminal eonditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, or as probably such, if impossible "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marusgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of to determine definitely. or miscarriage as "Puenperal septichurmia," by railway The contributory (secondary or intercurtrain-accident; Revolver wound Examples: Accidental drowning; State cause for which Never report mere "Atrophy,"



STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH D 8 SICIANS shoul Registration Dist. No... Ilf death occurred in .....Ward) a hospital or institution, PHYSICIAN RECORD give its NAME instead of street and oumber.] jo MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE WIDOWED, EXA (Month) (Write the word) BINDIN I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH stated classified. (Day) (Month) pe If LESS than 7 AGE and that death occurred on the date stated above, at should C 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 properly 6 OCCUPATION (a) Trade, profession, or (b) General nature of Industry. supplied. pe 7 business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (Secondary (State or country) that 10 NAME OF FATHER 80 of o MARGIN back OF FATHER terms, ARENT (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-50 TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. Information OR RECENT RESIDENTS) 13 BIRTHPLACE 드 At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. .... ds. State ..... yrs, \_\_\_ mos. ... EATH Where was disease contracted. WRITE if not at place of death? ō A Former or OF usual residenco Item Every Item CAUSE OF Important. DATE OF BURIAL 15 0 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto.,

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATES State MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumer" for mailg oma. Surcoma. etc., of . Accidental drowning; Struck by railway train-acci-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or Intercurrent (name origin; "Can death), 29 "Exhaustion," Examples: For VIO-



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City As denote (No.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 247  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIEO, WIODWEO, ORONORCEO (Write the word)	16 DATE OF DEATH  (Modth)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
, 1894	, 191.), to (191.),
7 AGE (Month) (Day) (Year)  7 AGE   If LESS than   1 day,hrs.   ormin. ?	and that death occurred on the date stated above, at 3.30 a.m., The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work  (b) Genoral nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Ouration) / yrs. mos. ds.  Contributory (Secondary) (Ouration) / yrs. mos. ds.
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Informant)  (Address)  (Address)	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Ridgly Chapel Broght July 9

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septicharture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart fallure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) (Recommendations on statement of Never report Examples:



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ARGIN

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Locomotive engineer, But in many cases, If retired from without more (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may he stated head-homicide; Poisoned by carbolic ocid-probably Struck by to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerpenal septiclaiemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"An Jemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial genital," "Senile," etc.), Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childrailway The contributory (secondary or intercurtrain-accident; Revolver wound State eause for which Never report mere "Atroply," "Col-("Con-



1 PLACE OF DEATH	STATE OF MARYLAND
County Panie George	CERTIFICATE OF DEATH
A	Registration Dist. No. 243
Village or City (No.	St.; Ward)  [It death occurred in a hospital or institution, give lits NAME instead
FULL NAME TRANSLIT OF	100fus of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Muly 11 . 1915
Aunale Coloral (Write the word)	
8 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended deceased from
May 5 191	5
(Month) (Day (Year	that I last saw halive on
7 AGE II LESS 1	and that death occurred on the axis stated above, at
yrs	I ING CAUSE OF DEATHY Was as follows:
BOCCUPATION	- An alasta fair
(a) Trade, profession, or particular kind of work	Marinosoma
(b) General nature of Industry.	
business, or establishment in which employed (or employer)	(Ouration)mosds.
9 BIRTHPLACE (State or country) 1	GontributorySecondary
10 NAME OF	(Ooration) yrs mos? ds.
FATHER Maryland Graffica	(Signed) Mohn A While Con M. D.
OF FATHER OF FATHER	
(State or obyentry) The Ging	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
W 12 MAIDEN NAME OF MOTHER OF	
- 110/7-00 1000/03	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
Madelaha (12-11)	It not at place of death?
(Informant)	usual residence
(Address BOINE MY)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 13 1915 Melson a Ryon )	n 320 UNDERTAKER & Down July 13 , 1916
If more blanks are needed address State D	11. Thading cons Collington he
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	



[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomcnela-"Contributory." by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in .Ward) a hospital or instilution, give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 3 SEX 4 COLOR OR RACE 5 16 DATE OF DEATH MARRIEO. WIDOWEO OR OIVORCEO OMA CERTIFY. That I attended deceased from DATE OF BIRTH 910 alive on (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. min. ? OCCUPATION
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER (State or country) RENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) wheth ACCIDENTAL, 12 MAIOEN NAME SUICINAL OF HOMICINAL. PAI OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE In the At place OF MOTHER (State or country) of death State, \_\_\_\_\_yrs. \_\_\_\_\_ds. Where was disease contracted. NOWLEDGE If not al place of death?... Former or usual residenca OATE OF BURIAL (Address 15 20 UNDERT REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each, and every person, irrespective of age ness of various pursuits can be known. The question business or industry, and therefore an additional line engineer, For many occur tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Composite mposita, Architect, Locomotive engineer, Civil Stationary freman, etc. But in many cases, The material worked on may form part ations a single word or term on the Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; surgical operation was undertaken. For violent deaths birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracinia," "Weakness," genital," "Senile," etc.), "Dropsy," "Anaemia" (nerely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intercurcough; Chronic valendar heart disease; Chronic interstitial ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of ..... to determine definitely. Examples: Accidental drowning; "PUERPERAL perilonitis," etc. cause. "Heart failure," "Haemorrhage," "luanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of Always qualify all diseases resulting from childas "Puerperal septichuemia," State cause for which Revolver Never report mere "Exhaustion," wound



MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS: A PERMANENT RECORD

PLACE OF DEATH	11848
County Siz Scoo	
Village or City	10 (No

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

-St.;-----Ward)

[if death occurred is a hospital or institution, give its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Colored Single, Married, Widowed, Widowed, Orgivorced (Write the word)	16 DATE OF DEATH July , 1912 (Month) (Day (Year)
DA	ATE OF BIRTH (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h Assalive on Auto 4 1913
AG		and that death occurred on the date stated above, st / D
		The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, profession, or	and the state of t
(b) busi	General nature of industry, iness, or establishment in	(Duration) yrs mos 2 d
	ch employed (or employer)	Contributory
DI	(State or country)	Secondary
	10 NAME OF FATHER CANALAGUANA	(Signed) (Doration) yrs mos di
AKENIS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violen
	12 MAIDEN NAME OF MOTHER SALE SALE	CACEES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT:
	13 BIRTHPLACE OF MOTHER (State or country)	At place lo the of death yrs mos ds. State yrs mos d
Т	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(	(Informani) Slewellzu Gross	Former or usual residence.
	(Address) Aguares Vicil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6		20 UNDERTAKER ADDRESS
		20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 3 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every Item of Information should be CAUSE OF DEATH in pisin terms, \$

m ż Important.

RECORD

S. No. 1.

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1 PLACE OF DEATH 3 SEX 6 DATE O TAGE

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Ilf death occurred in a hospital or Institution give Its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
355	COLOR OR RACE  Single, MARRIED, WIOWED, ORDIVORCED (Write the word).	(Month (Day (Year)
6 D/	(Month) (Day (Year)	that I last saw have alive on the last saw have
7 AC		and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
(a) par (b)	Trade, profession, or the first state of work the General nature of Industry.	Chronic Ingreardites
white	ness, or establishment in F ch employed (or employer)	(Ouration) yrs mos 2 ds.
9 81	(State or country) Charles Co. My	Secondary (Quration) yrs mos ds.
	10 NAME OF Stomas Most	(Signed) Charles Burn, N.D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Church Co. hul. 12 MAIDEN NAME	*State the Disease Causing Death, or in deaths from Violent Causes, tate (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
۵.	13 BIRTHPLACE OF MOTHER (State or country) Worth Lewer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds
	Informant) Law Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
15 File	dely 23 1915 THM Keown NVS	19 PLACE OF BURIAL OR REMOVAL  ATE OF BURIAL  20 UNDERTAKER  ARRESS  ARRESS
/	December 1	Charles and Aller

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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UNFADING INK-THIS IS

carefully supplied.

Every Item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it mainportant. See instructions on back of certificate.

WRITE PLAINLY, WITH

arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

Very

0

ż

1 PLACE OF DEATH

Village or City

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: -Ward) [if death occurred in a hospifal or Institution, give its NAME losfead of street and number.]

11850

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Augle, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  Audy 5 , 1914  Slouth (Day (Year)  17 I hEREBY CERTIFY, That 1 attended deceased from
Month) (Day (Year)	
7 AGE   if LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at y la m.  The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Indusfry, business, or establishmenf in which employed (or employer)	flustical house after death from the transcent the state was the sure of the s
9 BIRTHPLACE (State or country) has Colling for his!	Secondary  (Sugned)  Contributory tabally onte forther  (Durafion)  (Signed)  M. D. D. D. D. M.
11.BIRTHPLACE OF FATHER (State or country) hear Collegion Mide	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE Mor Juen anne mol.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of deathyrs mos ds  Where was disease confracted.
(Informant) No will fleurings	If not at place of death?  Former or  usual residence.
(Address) Millailluille moli	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Puly 4 , 1914

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid distance"); Lobar gneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuless of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train—accigenital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Exhaustion," Never report



1 PLACE OF DEATH	STATE OF MARYLAND
Q: 4 4 11851	CERTIFICATE OF DEATH
County Owice / Longs	34.5
	Registration Dist. No.
tollwat me	[If death occurred in
Village or City (No. (No.	a hospital or institution,
e the late	give its NAME instead of street and number.]
2 FULL NAME Gatherine to the	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
7. O O O WIDOWED WIDOWED	July , 1913
Thurse Tovlord (Write the Gord)	(Mgnth) (Day) (Year)
6 DATE OF BIRTH	1 8 0 0 2
La le au	, 191.5 , to sty 5 , 191.5 ,
(Month) (Day) (Year)	that I last saw her alive on July , 1915,
7 AGE If LESS than	and that death occurred on the date stated above, at
Wout 1 day, hrs.	The CAUSE OF DEATH * was as follows:
7 Syrs, mos. ds. OR min.?	The CAUSE OF BEATH WAS AS TOTAL
(a) Trade, profession, or Norse out house Wor	To the state of th
(a) Trade, profession, or we only house Wor	14
(b) General nature of industry	
business, or establishment in	(Duration) yrs. mos. 2 5 da.
which employed (or employer)	contributory Heart Failure
9 BIRTHPLACE (State or country) Prince George Co and	Secondary
10 NAME OF	(Burghen) yrs mos ds,
FATHER SALLOR STUTIES	(Signed) James O Suits, M. O.
U 11 BIRTHPLACE O	hely 4, 1915 (Address) Bown mis
Z OF FATHER (State or country) Prince Yeoryl Cook	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CRUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIOAL OF HOMICIDAL.
of MOTHER Coster	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the .
(State or country) Prince Leonge Comi	of deathyrsmosda. Siais,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
all the ledge of	Former or
(Informant) Complete III Journal of	usual residence
College	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	While march Collengton, my July 5- 1015
15 Och A P	20 UNDERTAKER ADDRESS
Filed July 4 , 191 Villeon & Ryon m. A	
REGISTRAR	Trank Wood Indehellcorthe
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Roreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ciun, Compasitor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal feer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Synal meningitis"); Diphtheria (avoid pneumonia"); Labar pneumania, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death upproved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated genital," head-homicidc; Poisoned by carbolic Struck by railway train—accident; Revolver wound to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent beaths "PUERPERAL perilanitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." eause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. cough; Chronic wahrular heart disease; Chronic interstitial symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. ncphrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion, Never report mere acid-probably



WRITE PLAINLY, WITH UNFADING INK-THIS IS

	1 PLAGE OF DEATH 11852	STATE OF MARYLAND
Cor	unty Prince Georges	CERTIFICATE OF DEATH
		Registration Dist. No. 230
W:11	lage or City Labeland Med (No.	[If death occurred
A 111	(No.	St.; Ward) a hospital or lastitut give Its NAME Inst
	FULL NAME Leitha	Or street and numba
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 5 5	EX COLOR OR RACE SINGLE,	16 DATE OF DEATH
1	emale Colord wrowso, Surgle	(Month) (Day (Year
Q'		17 I HEREBY CERTIFY, That I attended deceased !
וט	ATE OF BIRTH	July 8 , 191 J., to July 10 , 191
	(Month) (Day (Year)	that I last saw her alive on July 10 ,191
TAC		and that death occurred on the date stated above, at 11.30 P
		The CAUSE OF DEATH* was as follows:
800	CCUPATION	
	Trada, profession, or click	Cholera fufacititis
(b)	General nature of Industry,	
whi	iness, or establishment in · ch employed (or employer)	(Ouration) yrs mos 5
9 81	RTHPLACE (State or country)	Gontributory
	Lakeland ded	(Ouration) yrs mos
	10 NAME OF FATHER	(Signed) Us allus Gillata
S	11 BIRTHPLACE	Address) Beauty We
Z	OF FATHER (State or country) West Va.	
ARENT	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Viol CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI TAL, SUICIDAL, or HOMICIDAL.
d	Daray Hill	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the
4 -	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos
	ALASTE IS THE BEST OF MY KNOWLEDGE	If not at place of death?
(	(Informant)	usual residence
	(Address) Laheland ligh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(10 - Ti - (10 - 1)	akeland Mil July 12th, 19
	(1) 1140 S 11 1 11 1	20 UNDERTAKER / ADDRESS
File	PEGISTRAR	100000000000000000000000000000000000000

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at begluning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many ocenhations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indl-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous If the occupation has

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cause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, mant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medleal Association.) eause of death approved by Committee on Nomenelainjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Couvulsions," "Debllity" ("Conthenla," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of



1 PLACE OF DEATH EXACTLY, PHYSICIANS sified, Exact statement of County or City RECORD <sup>2</sup> FULL NAME classified. PERSONAL AND STATISTICAL PARTICULARS MARRIED, WIDGINGO OR DIVORSED (Write the word) 3 SEX 4 COLOR OR RACE stated PERMANENT BINDING be properly in terms, so that it may be properly instructions on back of certificate pe 6 DATE OF BIRTH should (Day) (Month) 7 AGE 8 FOR AG THIS mos ... (a) Trade, profession, or carefully supplied RESERVED particular kind of work INK (b) General nature of lodustry business, or establishment in UNFADING which employed (or employer) 9 BIRTHPLACE (State or country) See 10 NAME OF FATHER C MARGIN pino Every item of Information should should state CAUSE OF DEATH I OCCUPATION is very important. RENTS 11 BIRTHPLACE OF FATHER (State or country) PLAINLY. 12 MAIDEN NAME PAI OF MOTHER 13 BIRTHPLACE WRITE OF MOTHER (State or country) 14 THE ABOVE TRUE TO KNOWLEDGE (Address) 15 No. m V. 9. Z

7	STATE OF MA CERTIFICATE (	
/Kr	St; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
RS	MEDICAL CERTIFICATE	OF DEATH
med	16 DATE OF DEATH July (Month)	(Day) (Year)
10.114	17 A   HEREBY CERTIFY, That I at	tended deceased from
, 1847 (Year) It LESS than	that I last saw h Less alive on and that death occurred on the date st	ly 14 , 1915,
day, hrs.	The CAUSE OF DEATH * was as follo	
	Chrow Neg	hhntis
	Contributory Aryenial Secondary	Sellerous
24	(Signed) PStu	3 yrs 6 mon in.
	State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; and SUICIDAL OF HOMICIOAL.	
		,
E	Where was disease coolrected, If not at place of death?	
ass	Former or and rapideaca	
20,	POSSEM A. YOK.	July 16th, 1915
XXI	- UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

1 day,

OR

[Approved by U. S. Cennus and American Public Health
Association.]

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Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobur pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," etc. State cause for which birth or miscarriage as "Puerperal septichuemia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonacum, etc., Carcinoma, Sorcoma, ctc., of ... Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," ACCIDENTAL, unportant.



1 PLACE OF DEATH

County Prince See.	CERTIFICATE OF DEATH
Village or City Reverder (No	Registration Dist. No. 245  St.; Ward)  [If death occurred in a hospital or institution, give its NAME inslead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE  OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  10 NAME OF FATHER  ACOLOR OR RACE  SINGLE, MARRIÉEO, MARRIÉEO, MARRIÉEO, MARRIÉEO, MIDONAGE DE COLOR MARRIÉEO, MARRI	and that death occurred on the date stated above, at la le m.  The CAUSE OF DEATH * was as follows:  Chronic Intentities Preferition  Secondary  Contributory Value and Pederma  Secondary  (Ourston) yrs mos ds  (Signed) Alla Pelsalad M. O.
11 BIRTHPLACE OF FATHER (State by country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place this state,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Selection of Mallette	Where was diseass contracted, if not at piece of death?  Former or usual residence
(Address) Rues dale  15  Filed 3", 1815 Mars Jas Store Registrata	19 PLACE OF BURIAL OR REMOVAL  OATE OF BURIAL  PLACE OF BURIAL  OATE OF BURIAL
Dr. J. Holels II more blanks are needed, address State Registers	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Assuciation.]

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genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," and consequences (e. g., sepsis, tetanus) may be stated to determine definitely. Examples: Accidental drawning; state MEANS OF INJURY and qualify as ACCIDENTAL, on Nomenclature of the American Medical Association.) surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenpenal septichumia," etc., when a definite disease can be ascertained as the lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Brourent) affection need not be stated unless important. cough; Chronic volvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meuskes, Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... eause. (name origin; "Cancer" is less definite; avoid use of "PUERPERAL perilonitis," etc. State cause for which Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," eto.), The contributory (secondary or intercur-"Convulsions," "Debility" "Dropsy," "Atrophy," "Exhaustion," ("Con-



V. S. No. 1.

EXACTLY. PHYSICIANS isified. Exact statement of	Village or City Roserdals (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 245 St.; Ward)  St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
ied.	PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
ated relas	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Month (Day) (Year)  17   HEREBY CERTIFY, That   attended deceased from
hould be st be properly certificate	G DATE OF BIRTH	, 1915, to still 4 , 1915, 1915, to still 4 , 1915, 1915, 1915, 1915,
AGE sit may	F OCCUPATION  7 AGE  WYS. 46  MOS. 46  B OCCUPATION	If LESS than and that death occurred on the date stated above, at
arefully supplied. in terms, so that instructions on	(a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Aux Little Secondary
ion should be car F DEATH in plai important. See	10 NAME OF COMENT ROCK  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	(Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from Violent Cayes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, or, in deaths from Violent Cayes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
Every item of informat should state CAUSE O OCCUPATION is very	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLES (Informant)  Richard	OR RECENT RESIDENTS) At place of death
N. B.—Every should	Filed July 5, 1915 Mrs. Jas. Se	MONCH OF THE SULF SE

STATE OF MARYLAND

11855

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write Nane. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Caok taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Sulesman, (b) Grocery; (a) Foreman, only when needed. As examples: especially in industrial employments, it is necessary to is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. cian, Compositor, Architect, business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--('oal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Locomotive engineer, (a) Spinner, (b) Catton But in many cases, If retired from (b) Anto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Labar pneumonia, Bronchapneumania ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Paisoned by carbalic acid—prabably state MEANS OF INJURY and qualify as ACCIDENTAL, on statement of cause of death approved by Committee surcide. SUICIDAL, or nomicinal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Pterperal septichaemia," "Pterperal perdanitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" ( symptoms or terminal conditions, such as "Asthenia," chapneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping ges, perilanaeum, etc., Carcinoma, Sarcama, etc., of ..... Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness, The nature of the injury, as fracture of skull, The contributory (secondary or intercuretc.), "Dropsy," Never report mere "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 31915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City New Olaty (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 24/  St.; Ward)  [If deeth occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tomale White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  1 HEREBY CERTIFY, That I attended deceased from
(Month) (19187	that I last saw h callye on July 13 1915
(Month) (Day (Year)  7 AGE    If LESS than   1 dey,hrs.   ORmin. ?	and that death occurred on the date stated above, at 3 f. m.  The CAUSE OF DEATH* was as follows:  Cleake Extern-Colife's
particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Those To mos Dos.
(State or country) or Lo, Co, MM  10 NAME OF FATHER GENERAL Surply  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos. ds.  (Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
(Informent)  (Address)  (Address)  (Address)	If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 14, 1915 - JN M Kenvu Nos	20 UNDERTAKER Cushy Rew Glats
If more blanks are needed, address State Regist	rar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the miseass Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm taborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton milt; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercules of lungs, meninges, peritonacum, etc., Carcin-

genital," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "I'UERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," ctc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

333



#### OCCUPATION RECORD PERMANENT classified. properi pe UNFADING PLAINLY plain = DEATH item OF Every its

STATE OF MARYLAND 1 PLACE OF CERTIFICATE OF DEATH Registration Dist. No. [If death occurred In Ward) a hospital or institution, give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTI Y, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day, .....hrs OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) certificate. BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 0 back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; nnd (2) whether ACCIDEN-OF MOTHER TAL, SUICIDAL, OF HOMICIDAL, Instructions 0 SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ... State \_ ds. Where was disease contracted, 14 THE ABOVE IS THE TO NOWLEDGE See If not at place of death?. Former or (informant) usoal residence mportant. DATE OF BURIAL (Address) 15 20 UNDERTAKER \*DDRES REGISTRAR If more blanks are needed, address State Registrar, 6 E./Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

genital," oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Iverperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemla" (mercly symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgcause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Scuile," etc.), (Recommendations on statement of (discase causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



PLACE OF DEATH	STATE OF MARYLAND
Din 9.	CERTIFICATE OF DEATH
County / www. worgs	2.31/
100	Registration Dist. No. 62 34
Village or City Nor J. B Sus (No.	[If death occurred in
(NO,	St.; Ward) a hospital or institution, give its NAME instead
25111 NAMES Jan Mohos	
FULL NAME YOU MANAGE	ley
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED,	(Month) (Day (Year)
Vinas Colved ORDIVERED (Write the works	
6 DATE OF BIRTH	July 1914, to July 27 1911.
840y 18 10	2011
	ear) (that I last saw h alive on
	and that death occurred on the date stated above, at 5 m,
1 day.	I I O CAUSE OF DEATH * Was as follows:
BOCCUPATION	
(a) Trade, profession, or	
particular kind of work (b) General nature of industry,	yabuculus & oun, b
business, or establishment in	(Ouration) / yrs mos / 6s.
which emplayed (or employer)	
9 BIRTHPLACE (State or country)	Secondary Secondary
Maryland	(Ouration) yrs mos ds.
10 NAME OF FATHER	(Signed) Ve O Mosnor
o HARTHBIACE	- Our of a - Delatta Dr. D.
BIRTHPLACE OF FATHER	Address) Collins
(State or country) Many land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	The state of the s
- Jan Jenn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA,
13 BIRTHPLACE OF MOTHER (State or country)  Mars laws	At place in the of death yrs. mos. ds. State yrs, mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrs mos ds. Stateyrs, mos ds  Where was disease contracted.
Me a Deale	If not at place of death?
(Informant) Maccon Manounes	Former or usoal residence
(Address) Daldoy Voles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	ashenetimetur July 29, 1915 -
Filed July 29. 1913 todow W. Hente	he 30 UNDERTAKED ADDRESS
REGIST	MAR Hounts & Parens Made y Ch. 1
If more blanks are needed, address Stat	e Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

11250



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent) Never report



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: CAUSING DEATH, state occupation at begluuing of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cuses, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

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valvular heart disease; Chronic interstitial nephritis, affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was nudertakeu. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichueetc., when a definite discase can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Marasgenital," "Collapse," "Coma," "Couvnisions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcusles oma, Sarcoma, etc., of..... (name origin; "Cauture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.: "Dropsy," "Exhanstiou,"



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired & yrs.). For persons who bave no occupation whatever, state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory freman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, c. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. The material worked on may form part Women at home, who are engaged in At home. Care should be Locomotive engineer, If retired from (11.11)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichumia," "Puerperal peritonitis," etc. State cause for which "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenelature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valentar heart disease; Chronic interstitiat "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . "Anaemia" "Coma," (merely symptomatie), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Poisoncd by carbolic ocid-probably Never report mere

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AUG :5 1915
BUREAU, V.S.

PLACE OF DEATH	STATE OF MARYLAND
- Plane 9	CERTIFICATE OF DEATH
Village or City J. B. Mil (No	Registration Dist, No. 240  St.; Ward)  [If death occurred in a hospital or institution,
FULL NAME Mary C. Ponkrung	give its NAME instead of street and numbor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
(Month) (Day (Year)	mans (30, 1914, to July 9, 1914, that I last asw here alive on Jun - 1914
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at USOOm, The CAUSE OF DEATH* was as follows:
**SOCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Cuburuluaire of Lary  (Duration) 2 yrs mos ds.
State or country)  Manylours	Secondary (Ouration) yrs mos ds.
10 NAME OF FATHER John Mahoumes  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. Stateyrsmosds  Where was disease contracted
(Informant) A. A. Panloruy	If not at place of death?  Former or usual residence
Filed July 10 11, 1925 Julius N. Smithe	Ashry A.M. E. Cuntry July 10th, 1915  20 UNDERTAKER  Mahorey  Mahorey  Brandynine  Ma
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 7 1915
BUREAU, V.S.

0 0 ct statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution, give its NAME instead of street and number. I EXACTL RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 16 DATE OF DEATH SINGLE 3 SEX class GOLOR OR RACE PERMANENT stated MARRIED. WIDOWED OR DIVORCED (Write the word) (Day) (Year) Month rly certificate ended deceased from 6 DATE OF BIRTH pino (Yoar) 0 (Month) ū If LESS than 7 AGE 40 and that death occurred on the date stated above, at may LJ 1 day, hrs. ck O mia. ? OR S 4 pad 5 OCCUPATION supplied 0 (a) Trade, prefession, er particular kind of work 08 (b) General nature of ledustry Instruct business, er establishment in terms (Buration) \_\_\_\_\_yrs.\_\_\_ which employed (or employer) 9 BIRTHPLACE (State or country) Contributory ..... See 10 NAME OF C pinc nt I S 11 BIRTHPLACE OF FATHER State the DISEASE CAUSING DRATH, Dr. in deaths from VIOLENT d EZ EA (State or country) CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIOAL 0 12 MAIDEN NAME 00 Information CAUSE OF D 4 OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very OR RECENT RESIDENTS BIRTHPLACE to the Al place OF MOTHER (State or country) State, .....yre. .....mes. ... of death .......yre. ......da. 10 Should state CAI Where wer disease contracted, 14 THE ABOVE IS If not al place of deeth ?. Farmar er neunt residence 15 m If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V.S.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," ctc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Incumonia"); Lobar pneumonia, Bronchapneumonia ("Incumonia"); Lobar pneumonia, Bronchapneumonia of lungs, meningungualified, is indefinite); Tuberculosis of lungs, meningungualified, is indefinite);

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, lapse," "Coma," "Convu genital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (o. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," Never report mere "Atrophy," "Exhaustion," acid—probably ACCIDENTAL, important. ("Con-

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sis of lungs, menun-NOV 81915



Annago Garage	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. 2 4 7  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
Jaly (Day) (Year)	that I last saw h. Line alive on
If LESS than 1 day, 2 hrs.  yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at 1.23 pm. The CAUSE OF DEATH * was as follows:
particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Capatal Regults Md	Contributory Placenta Previo
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Informant) Maurice Henry Rackey.  (Address) Capital Heights, and.	If not at place of death?  Former or  uoual residence  19 PLACE OF BURIAL OR REMOVAL  Advance Clashel Ond. July 12., 1915
Filed July /2", 1915 John C. MIAN GAR.  REGISTRAR  If more blanks are needed, address State Registrar, 1	20 UNDERTAKER  ADDRESS  W. Saratoga St., Balto., Requesting V. S. No. 1.  ADDRESS  W. Saratoga St., Balto., Requesting V. S. No. 1.

1 6 H



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Cellsus and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) (rocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Lealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

mus, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent DEATHS "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,", "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial to determine definitely. Examples: Accidental drowning, "Heart failure," "Heemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping " "Old Age," "Shock," "Uracmia," "Weakness, or miscarriage by railway train-accident; Revolver The contributory (secondary or intercuras "PUERPERAL scplichuemia," State cause for which (Recommendations Never "Exhaustion, report mere wound of



T. S. No. 1.

	state
	N. B.—Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	S sh
SRD	CIAN
ECC	HYSI F OG
TR	o to
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	in p
F	Infor ATH Insti
RIT	See See
*	Item E Ol
	-Every item of information should be carefully supplied. ACAUSE OF DEATH in plain terms, so that it may be primportant. See instructions on back of certificate.
	B.—B
	ż

1.75	PLACE OF DEATH	STATE OF MARYLAND	
	P' as Han and	CERTIFICATE OF DEATH	
C	ounty James Herryl	1 21 200 2037	
		Registration Dist. No.	
V	Village or City Daden (No.	St.; Ward) [If death occurred to	
		St.; Ward) a hospital or Institution, give its NAME Instead	
	(Mad Daniel (	of street and number.]	
	FULL NAME	J. J. W. W. S. W. J. W. S. W.	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 5	EX 4 COLOR OR RACE SINGLE, Widowed	16 DATE OF DEATH Sule 6 1915	
-	WIDOWED.	(Month) (Day) (Year)	
1	nale White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
6 D	ATE OF BIRTH	Just 2 2 1915, to Juste 6 1910,	
	March 20, 1863	1 1 - // 1 to 5 th	
_	(Month) (Day) (Year)	that I last sew hamaslive on 1912	
7 A		and that death occurred on the date stated above, atm,	
	5 2 vrs. 3 mos. 16 ds. 0Rhrs. 0Rhrs.	The CAUSE OF DEATH * was as follows:	
60	CCUPATION	- The t	
	) Frade, profession, or		
411	rticular kind of work	9990000107107107107107107107107107107107107	
(b)	General nature of industry, iness, or establishment in	(Bundler)	
wh	ich employed (or employer)	(Duration) yrs mos ds.	
9 B	IRTHPLACE tate or country)	(Secondary)	
	maryland.	(Duration) 3/ yrs 5 mes ds.	
	10 NAME OF	of Clone A Xxx	
	FATHER Calet andrew Barolings	(Signed) (Si	
TS	11 BIRTHPLACE	January 1910. (Address) fundada a Co. Rad	
ARENTS	(State or country) Maryland	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
2	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
D	OF MOTHER Hester Garner	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the	
	(State or country) Warling aton &.C.	of death yrs mos ds. State yrs mos ds.	
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
Inrs m. H. Garner!		If not at place of death?————————————————————————————————————	
	(Informant)	usual residence	
	(Address) 2 a dew, maryland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15		Bran Ind July 8, 1912	
Filed July Ha 191 A sury B. Couler 2		20 UNDERTAKER ADDRESS	
111	REGISTRAR	a. 1. Drives aguased Ins	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			
and an area and an area and area area. A management of the state of th			

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds. State cause for



N. B.

### Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

state

PLACE OF DEATH 11865	STATE OF MARYLAND
9, 9,	CERTIFICATE OF DEATH
County	Registration Dist, No. 241
Village or City Carry Springtho	St.; Ward)  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIOWED, WIOWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I hereby Certify, That I attended deceased from
6 DATE OF BIRTH	July 27, 1915, to July 28, 191
(Month) (Day (Kear)	that I last saw h con allve on sulin 29 ,1915
7 AGE It LESS than	and that death occurred on the date stated above, at 2 15 Am,
yrs mos _2 \( \int \) ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
GOCCUPATION	exolera Lyaniani
(a) Trade, protession, or particular kind of work	· ·
(b) General nature of Industry, business, or establishment in	(Duration) yrs mos. 4s.
which employed (or employer)	Contributory Menangetis
9 BIRTHPLACE (State or country)	Secondary (Ouration) yrs mos ds
10 NAME OF albert Robinson	(Signed) 6. Suisbury, M. D.
OF FATHER	, 191 (Address) Forestfield i me
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Cornelia Coherts	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENTS
13 BIRTHPLACE OF MOTHER (State or country)  M.L.	At place in the of deathyrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) abert Colinican	Former or usual residence
(Address) Station & Wash De	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 ) a significant	St. Burnshas Cen July 30, 191 5
Filed July 29, 191 St M Leown DDS.	20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

catcd thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. been changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.). "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

1 PLACE OF DEATH 11875	STATE OF MARYLAND
County In Seo.	CERTIFICATE OF DEATH
	Registration Dist. No. 2009 4
Village or Cityman Persealaway No.	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead
2 FULL NAME Collen Loloyd	Dandus of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  Suly 18, 1915— (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on 191
7 AGE If LESS than	and that death occurred on the date stated above, at , m.
1 day, hrs. or mos. / 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or Flanmen	7.00 - 5 643
particular kind of work	fellows My
business, or establishment in which employed (or employer)	(Duration) yrs o mos ds,
9 BIRTHPLACE (State or country) Clinainia	Secondary Tong drumman
10 NAME OF FATHER MELL OF MELL	(Signed) Edgar D. Hourt , M. O.
11 BIRTHPLACE	- July 19, 1915 - (Address) Piscataway Inc
11 BIRTHPLACE OF FATHER (State or country) (Virginia) 12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
a OF MOTHERSenny Dorsey Hanson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place In the of deathyrsmosds. State,yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at place of death?
(Informant) John 4. Sanders	Former or usual residence
(Address) Walding, and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL.
Fled July 19, 1915 todgas D. Houtt In	20 UNDERTAKER ADDRESS
REGISTRAR	16 W. Saratoga St., Barbon, Requesting V. S. No. 1.
If more blanks are needed, address State Registrar	, 10 w. saratoga st., Danto., Lequestryk v. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); I.obar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Urarmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage." "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinomo, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Puenpenal septichaemia," Never report mere



S. No. 1.

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### carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very f certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS DEATH in plain terms, so that it man See instructions on back of certificate. WRITE PLAINLY, WITH of Information should be CAUSE OF

1 PLACE OF DEATH Registration Dist. No. .....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. widowed, ordivorced (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 7 AGE BOCCUPA (a) Trade, particular (b) Genera business. o which emple 9 BIRTHPI (State 10 N PARENTS 11 BI 12 M 13 BI 01 14 THE AB (Intorma Important. 15 Filed

STATE OF MARYLAND CERTIFICATE OF DEATH

[If death occurred in a hospital or lostitution. give its NAME instead of street and number.]

191% (Year)

, 1.4	that I last saw hime alive on 1919
(Month) (Day (Year)    If LESS than   1 day,hrs.	and that death occurred on the date stated above, at
TION profession, or management of work	Asply y a revision
nature of Industry, restablishment in yed (or omployer)	(Ouration) yrs mos. ds.
or country) Jud	Contributory Secondary
AME OF Solling R. Sunth	(Signed) / A D. D.
RTHPLACE OF FATHER State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
AIDEN NAME Mary & Blevalin	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
RTHPLACE F MOTHER State or country)	At place of death yrs mos ds. State yrs mos ds
NOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
ddress)	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
ly 10, 1915 f. P. Ohlendorfund, REGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in mapy For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminai conditions, such as "Asaffection need not be stated unless important. Lxvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (discase causing death), 29 ds.; "Dropsy," "Exhaustion," "PUERPERAL septichae-



PLACE OF DEATH

CERTIFIC			1-0
91; V	♥ard)	[if death occ a hospliat or in- give its NAME of street and n	stitution, instead
MEDICAL CERTI	FICATE OF	DEATH	
DEATH	(Month)	// (Day)	1915 - (Year)
ath occurred on the OF DEATH # was	to full de date state as follows:	d above, at	, 191.5; , 191.5; , 191.5; , 191.5; , 191.5;
7. 191 5. (Address)	Fores	ruller	iles.

MEANS OF INJURY; and (2) whether Accidental,

activation areas and					
OR RECENT RESIDENTS)					4
Al place		In the			
of deathyrsmos	ds.	State,	yrs.	 mos.	*******

DATE OF BURIAL

ds.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servout, Cook, taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Plunter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oecupa-Campositor, very important, so that the relative healthful-For persons who have no occupation whatever, Architect, Never return Locomotive engineer, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lyngs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-hamicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Puerpenal peritonitis," etc. State eause for which state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial "Tunnor" for malignant neoplasms); Mcoskes; Whooping ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercuretc.), "PUENPERAL septichuemia," "Dropsy," Never report mere "Exhaustion,"



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PLACE OF DEATH	STATE OF MARYLAND
(millar Temas	CERTIFICATE OF DEATH
County County	991-
the still the	Registration Dist. No. 2 3
Village or City VIII VIII VIII VIII VIII VIII VIII VI	St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME Welleaue	Alicebells give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule While Single, Married, Morried or Divorced (Write the word)	16 DATE OF DEATH  2, 1915  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
1 111 Near Man	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, atm.
about 6 7 yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION 1	Journal Care
(a) Trade, profession, or Corpeules	Weteral College
(b) General nature of Industry business, or establishment in which employed (or employer)	Sudden attractiffe to mos ds.
9 BIRTHPLACE (State or country) Bati Med	Secondary Heave Faculture
10 NAME OF FATHER	(Ourslian) yrs mes ds,
· Mickeyowa	(Signed)
11 BIRTHPLACE OF FATHER (State or country)  Service  (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
CC 12 MAIDEN NAME	AUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER MURCHONON	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place In tha,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. State,yrsmosds. Whore was discose contracted,
(Informant) Wellin Collintalle	if not all place of death?
(IIII) 1	usual residence
(Address) 2029 Hage pelles	P PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 0.6 1 1 1 - Jan 6 8 19 11	20 UNDERTAKERA A ADDRESS
Filed FOCH REGISTRAR	It It Deal Mes 816 HIX MEAT.
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

taken to report specifically the occupations of persons employed, as At school or At home. Care should be write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook wife, Housewark, or At Home, and children, not gainfully who receive a definite salary), may be entered as Hausethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm labarer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinnery (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Compasitor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever Women at home, who are engaged in Locomative engineer, Civil But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fayer (never report "Typhoid pneumonia"); Lobar pneumania, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." mus, and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, rent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial ges, peritonneum. ctc., Carcinoma, Sarcoma, etc., of . . . . . to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meosles; Whoaping (name origin; "Cancer" is less definite; avoid use of "," "Old Age," "Sheek," "Uracmia," "Weakness, or miscarriage by railway train-accident; Revolver wound of The contributory (secondary or intercuras "Puenpenal septichaemia," State cause for which Never (Recommendations "Exhaustion," report mere



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

Village or City  PLACE OF DEATH  11869  (No	STATE OF MA CERTIFICATE OF Registration Di St.; Ward)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 DATE OF DEATH	9 , 1915 (Day) (Year)
TAGE  OR DIVORCED (Write the word)  OR DIVORCED (Write the word)  To arr  Tage  If LESS than 1 day, hrs. OR min.?	that I last saw h alive on and that death occurred on the date st	tended deceased from , 191, , 191, tated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  State or country)	Contributory Secondary	KLOW
10 NAME OF FATHER POBULATION  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; and SUICINAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State	INSTITUTIONS, TRANSIENTS,
(Informant) Robert Mullivari	Where was disease contracted,  If not at place of death?	
(Address) Tripulyville July	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed July 15, 191 5 mrs Jastevers	20 UNDERTAKER	ADDRESS

If more blanks are needed, address state Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Serrout, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Larm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Crossry: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "Published as "Published septichamia,"
"Published septichamia,"
"Published septichamia,"
"Published septichamia,"
"Published septichamia," surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discuse causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... rent) affection need not be stated unless important. "Old Age," "Shock," "Ura mia," "Weakness," by railway "Coma," "Convulsions," "Debility" ("Con-(mercly symptomatic), The contributory (secondary or intercurtrain-accident; Revolver wound Never report mere "Atrophy,"



should ion is OCCUPATION PHYSICIANS RECORD 0 statement PERMANENT Exact classified. UNFADING INK-THIS IS properly supplied. be may certificate. 10 WITH back terms. pinous LO plain See Instructions Information 드 DEATH WRITE ö OF Item mportant. ш Every m

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### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 fit death occurred lo ....Ward) a hospital or institution. give its NAME lostead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, 191.1 WIDOWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h \_\_\_\_ alive on ... (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH \* was as lollows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of indostry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs, \_\_\_\_ mos. Where was disease contracted. EST OF KNOWLEDGE It not at place of death? Former or usuai residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS RECISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting Y. S. No/1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeeper's who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) \*Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease is a death of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphilheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pheumonia"); Lobar pheumonia; Bronchopheumonia unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligchildbirth or miscarriage as "Tuerperal scptichacetc., when a definite disease can be ascertained as the thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origin; "Can which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "luanitlon," "Maras-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustlon," may be stated under the head (Recommendations on statement of Never report Ex-0



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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Firm laborer, Laborer-Coal statement. Groeery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, ctc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) such, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head For vio-



County Succession 11872	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 247
Village or City expelled Type 2  FULL NAME Sufacef T	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married Wille Wilder Wilder	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH 7 29 1915	17 I HEREBY CERTIFY, That lattended deceased from 1915, to 1916;
7 AGE Bond Call 1 day, hrs. yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at 9.50 m.  The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Bone Bead  Murstin) yellows ds.
9 BIRTHPLACE (State or country) Mid	Secondary  Secondary  No. 100 March
11 BIRTHPYACE OF FATHER (State of country) Beruny Beruny Boy 12 MAIDEN NAME MOST MOTHER WAY A MOTO ONLY	(Started) (Address) /// ESTOCION MAN 0.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSIS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
12 MAIDEN NAME MAY A More Code  13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Wash So	SUICTUAL OF HOMICIOAL.  S LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant)	of deeth
Hed July 29', 1915 Grace dow	Calclison Chapel (nd July 30, 1815
Deputy docal REGISTRAR  If more blanks are needed, address State Registrar,	Of. H. Handy. Capitof Keighte. 16 W. Saratoga St., Balto,, Requesting V. S. No. 1. Md.

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[Approved by U. S. Census and American Public Health Association.]

mill; (a) Salesmon, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in doniestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiwrite None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed business or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever At home. Care should be If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably such, if impossible surgical operation was undertaken. For violent deaths "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracnia," "Weakness," "An semia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of ..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic ocid-probably Struck by railway train-accident; Revolver wound "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drawning; State cause for which Never report mere (Recommendations "Exhaustion,"

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG -5 1915
BUREAU.V.S.

BINDING

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MARGIN

Village or Cityluan III. Washingtono.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 23  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nate Color of RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED OR DIVORCED (Write the word)	16. DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY. That I attended deceased from
TAGE    Month   Month	that I last saw halive on 191, and that death occurred on the date stated above, at m.  The CAUSE OF DEATH * was as follows:  This was as follows:  The Cause of Death * was as follows:
10 NAME OF FATHER Wm. Willes  11 BIRTHPLACE OF FATHER State or country manyland  12 MAIDEN NAME OF MOTHER State or country manyland  13 BIRTHPLACE OF MOTHER State or country manyland  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Fud Journg  (Address) Al- Washingland Ind  15  Filed July 1915 Odgas D. Houst Mr. REGISTBAR	Contributory Secondary  (Burglion)  (Burglion)  (Signed)  (Signed)  (State the DISEASE CAUSING DEATH, OF, in deaths from Violent CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yre mos disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  CAUSES  DATE OF BURIAL  CAUSES  ADDRESS  ADDRES

[Approved by U. S. Census and American Public Health Association.]

write Nanc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Coak, employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers of the second statement. mabile factory. mill; (a) Salesman, (b) Grocery; (a) Fareman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria ("Typhoid pneumonia"); Lobar pneumonia, Bronchapneumania ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., scpsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heamorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urannia," "Weakness," to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," "Puerperal perilanilis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. The contributory (secondary or intercurcough; Chronic valuular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping when a definite disease can be ascertained as the by railway train-accident; Revalver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, Never report mere ACCIDENTAL,



N.B.

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PLACE OF DEATH  County Prince Georges	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 236
Village or City Mean Halls (No. , )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Colored Single, MARRIED, WIDOWED OR DIVORCED (Write the word) Ringle	16 DATE OF DEATH  (Month) (Day) (Year)  17 . J HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  April 24 19/5 (Month) (Day) (Year)	fully 11, 1915, to July 18, 1915 that I last saw here alive on July 18 1915
7 AGE  If LESS than 1 day, hrs. OR mln.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Couration) - yrs - mos. & ds
State or country) Prince Geo. Go. Mad	Secondary (Buration) vrs. / mos. ds
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAME OF MOTHER  10 MAME OF MOTHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTH	(Signed)  (Signed)  (Signed)  (Address)  (Ad
OF MOTHER CARRIE THOMAS  13 BIRTHPLACE OF MOTHER (State or country) Lohan Look  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	or Recent Residents) to the of death
(Informant) / A / Alstans	if not at place of death?  Former or  susual residence
(Address) Mitchellarlle, Md.	Doden Cemetery July 19, 1915
Filed July 19, 1915 S. M. Leongerger	20 UNDERTAKER QUA. 66. ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

Local REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile foctory. mill; (a) Salesman, (b) Grovery: (a) Foreman, (b) Antoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationory fireman, etc. But in many cases, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, nrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull genital," head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. lapse," Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septicharmia," "Puerperal peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Weakness." "Uracmia," "Weakness." "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurcough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Soreoma, etc., of..... rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" FOR VIOLENT DEATHS Never report incre "Atrophy," acid-probably ("Con-